Application Data Sheet

Status::

Application Information	
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	METHOD OF TREATING AN INDIVIDUAL
	WITH METHYL 1-[N6-(3-IODOBENZYL)-
	ADENIN-9-YL] B-D-IBOFURONAMIDE
Attorney Docket Number::	WARRINGTON1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	1
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	U.K.

Full Capacity

Given Name:: Steve Middle Name:: Family Name:: WARRINGTON Name Suffix:: City of Residence:: Middlesex State or Province of Residence:: Country of Residence:: **United Kingdom** Street of Mailing Address:: 109 Broadwood Avenue, Ruislip City of Mailing Address:: Middlesex State or Province of Mailing Address:: Country of Mailing Address:: **United Kingdom** Postal or Zip Code of Mailing Address:: HA4 7XU **Applicant Authority Type::** Inventor **Primary Citizenship Country::** USA Status:: **Full Capacity** Given Name:: Michael Middle Name:: H. Family Name:: **SILVERMAN** Name Suffix:: City of Residence:: Marblehead State or Province of Residence:: MA Country of Residence:: 9 Elizabeth Road Street of Mailing Address:: City of Mailing Address:: Marblehead State or Province of Mailing Address:: MA Country of Mailing Address:: USA Postal or Zip Code of Mailing Address:: 01945 **Applicant Authority Type::** Inventor Primary Citizenship Country:: USA Status:: **Full Capacity** Given Name:: William

Page #2

D.

KERNS

Middle Name::

Family Name::

Initial 11/12/2003

Name Suffix:: City of Residence:: Harvard State or Province of Residence:: MA Country of Residence:: **USA** Street of Mailing Address:: 112 Bolton Road City of Mailing Address:: Harvard State or Province of Mailing Address:: MA Country of Mailing Address:: USA Postal or Zip Code of Mailing Address:: 01451 Applicant Authority Type:: Inventor **Primary Citizenship Country:**: Israel Status:: **Full Capacity** Given Name:: Pnina Middle Name:: Family Name:: **FISHMAN** Name Suffix:: City of Residence:: Herzliya State or Province of Residence:: Country of Residence:: Israel Street of Mailing Address:: 19 Asher Barash Street City of Mailing Address:: Herzliya State or Province of Mailing Address:: Country of Mailing Address:: Israel Postal or Zip Code of Mailing Address:: 46365 Applicant Authority Type:: Inventor **Primary Citizenship Country::** Israel Status:: **Full Capacity** Given Name:: llan Middle Name:: Family Name:: COHN

Domo

Name Suffix::

City of Residence::

State or Province of Residence::

Herzliya

Country of Residence::

Israel

Street of Mailing Address::

11 Degania Street

City of Mailing Address::

Herzliya

State or Province of Mailing Address::

Country of Mailing Address::

Israel

Postal or Zip Code of Mailing Address::

46331

Correspondence Information

Correspondence Customer Number::

001444

Representative Information

Representative Customer Number::

001444

Domestic Priority Information

Application::

Continuity Type::

Parent

Parent Filing

Application::

Date::

Foreign Priority Information

Country::

Application Number::

Filing Date::

Priority Claimed::

Assignment Information

Assignee Name::

CAN-FITE BIOPHARMA LTD.

Street of Mailing Address::

10 Bareket Street

City of Mailing Address::

Petach Tikva

State or Province of Mailing Address::

Country of Mailing Address::

Israel

Postal or Zip Code of Mailing Address::

49170